

Fill in this information to identify the case:Debtor name HemCon Medical Technologies, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGONCase number (if known) 16-30119-pcm11☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:
Copy line 91A from *Schedule A/B*..... \$ **25,136,144.27**

1c. Total of all property:
Copy line 92 from *Schedule A/B*..... \$ **25,136,144.27**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **5,154,000.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:
Copy the total claims from Part 1 from line 6a of *Schedule E/F*..... \$ **60,598.63**

3b. Total amount of claims of nonpriority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*..... +\$ **4,745,383.69**

4. Total liabilities \$ **9,959,982.32**
Lines 2 + 3a + 3b

Fill in this information to identify the case:Debtor name **HemCon Medical Technologies, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **16-30119-pcm11**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$80.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number**3.1.. Bank of the Cascades Operating Account ending -7793.****\$513.00****3.2.. Bank of the Cascades payroll account ending -7807.****\$0.00****3.3.. Bank of the Cascades e-commerce account ending -1383.****\$22.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$615.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit

Debtor HemCon Medical Technologies, Inc.
Name

Case number (If known) 16-30119-pcm11

7.1.. GPO Morgan LLC \$118,421.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1.. Prepaid insurance (Woodruff-Sawyer & Co) \$49,088.00

8.2.. Prepaid expenses. See Attachment A. \$21,903.77

8.3.. Legal Retainer (Miller Nash LLP) \$13,060.50

8.4.. Legal retainer (Lawrence Matasar, PC) \$2,500.00

8.5.. Legal Retainer (Donald Gouge, Jr LLC) \$267.00

8.6.. Deposit (Peterkort lab space deposit) \$2,000.00

9. **Total of Part 2.**
Add lines 7 through 8. Copy the total to line 81.

\$207,240.27

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 251,069.00 - 0.00 = \$251,069.00
face amount doubtful or uncollect ble accounts

11b. Over 90 days old: 9,931.00 - 7,132.00 =.... \$2,799.00
face amount doubtful or uncollect ble accounts

12. **Total of Part 3.**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$253,868.00

Part 4: Investments

13. **Does the debtor own any investments?**

Debtor HemCon Medical Technologies, Inc.
Name

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- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1..	<u>Castlerise Investments, Ltd.</u>	<u>100</u> % <u>N/A</u>	<u>Unknown</u>

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.** \$0.00
Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<u>Raw materials</u> <u>Raw materials</u>	<u>1/14/16</u>	<u>\$65,056.46</u>	<u>NBV</u>	<u>\$64,056.00</u>
20.	<u>Work in progress</u> <u>Work in progress</u>	<u>1/14/16</u>	<u>\$109,621.00</u>	<u>NBV</u>	<u>\$109,621.00</u>
21.	<u>Finished goods, including goods held for resale</u> <u>Finished goods.</u>	<u>1/14/16</u>	<u>\$352,369.00</u>	<u>NBV</u>	<u>\$352,369.00</u>

22. **Other inventory or supplies**

23. **Total of Part 5.** \$526,046.00
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 18314 Valuation method cost Current Value 18314

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No

Debtor HemCon Medical Technologies, Inc.
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☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, chairs, partitions, etc.	\$87,571.00	NBV	\$87,571.00
40.	Office fixtures Office space leasehold improvements	\$42,896.00	NBV	\$42,896.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, monitors, etc.	\$31,221.00	NBV	\$31,221.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$161,688.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			

Debtor HemCon Medical Technologies, Inc.
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48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Manufacturing machinery and equipment.	\$141,879.00	NBV	\$141,879.00
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$141,879.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets See Attachment B	\$0.00		Unknown

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**
IP/Technology; Customer Base;
Trade-Name/Marks; Non-Compete.

\$0.00

Unknown

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

Debtor HemCon Medical Technologies, Inc.
Name

Case number (If known) 16-30119-pcm11

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

**Intercompany receivable - due from
Altracel**

4,661,065.00
Total face amount

- 4,161,065.00
doubtful or uncollectible amount

= \$500,000.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

**Federal TSWI and HemCon Medical Technologies, Inc.
US Consolidated**

Tax year 2014

\$10,646,794.00

**Federal TSWI and HemCon Medical Technologies, Inc.
US Consolidated**

Tax year 2013

\$12,654,886.00

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Insurance claim for lost or misplaced inventory.

\$43,128.00

Nature of claim

Insurance claim.

Amount requested

\$43,128.00

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$23,844,808.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

Debtor **HemCon Medical Technologies, Inc.**
Name

Case number (If known) **16-30119-pcm11**

☐ Yes

Debtor HemCon Medical Technologies, Inc.
Name

Case number (If known) 16-30119-pcm11

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$615.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$207,240.27</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$253,868.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$526,046.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$161,688.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$141,879.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$23,844,808.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$25,136,144.27</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$25,136,144.27</u>

ATTACHMENT A
Prepaid Expenses

Prepaid Expenses	Amortization Period	Beginning Balance	January 24,381.34	Balance Remaining
Sophos - Virus protection software				
Sophos Software 2nd of 3 year lease 925.83	Sep15-Aug16	617.23	(77.15)	540.08
Sophos Software 3rd of 3 year lease 925.84	Sep16-Aug17	925.84		925.84
		-		-
NSA of Ireland - ISO13485 Certification for the Company				
2nd of 3 Year Review 09/15-08/16 \$4806.86	\$14,420.59 3 years	3,204.58	(400.57)	2,804.01
3rd of 3 Year Review 09/16-08/17 \$4806.86		4,806.87		4,806.87
		-		-
NSA of Ireland - Dental family CE mark - 3 yr	252.756.05 - \$8,400 total	-		-
3rd of 3 Year Review 08/15-07/16 \$2,800	233.33 / mo	1,633.35	(233.33)	1,400.02
		-		-
Adaptive Planning Software	11/1/15-10/31/16 \$441/mo	4,410.00	(441.00)	3,969.00
		-		-
Gael Limited - One year Q-Pulse license	Jul 2015 - Jun 2016	1,599.94	(266.67)	1,333.27
		-		-
Avalara - Annual Fees (ERP Connection & CertCapture)	Nov 14 - Oct 15: \$295.83/mo	0.04		0.04
Annual Fees (ERP Connection)	Nov 15 - Oct 16: \$235.83/mo	2,358.34	(235.83)	2,122.51
Annual Fees (CertCapture)	Nov 15 - Oct 16: \$141.67/mo	1,416.66	(141.67)	1,274.99
Fine Solutions - Annual Fee and GP Enhancement Plan	6/26/15-6/25/16; \$681.35/mo	3,408.49	(681.35)	2,727.14
Total Prepaids		<u>24,381.34</u>	<u>21,903.77</u>	<u>21,903.77</u>

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Master List by Docket Number

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Docket Number: 210420-1005

Title: Wound Dressing and Method for Controlling Severe, Life-Threatening Bleeding

Client: HemCon Medical Technologies, Inc.

Assignee: Providence Health System-Oregon and Kenton W. Greg

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Australia	03	PCT	Granted	2002312493	14-Jun-2002	2002312493	22-Nov-2007	14-Jun-2022
Canada	05	PCT	Granted	2,450,668	14-Jun-2002	2,450,668	04-May-2010	14-Jun-2022
European Patent Convention	07	PCT	Granted	02739871.8	14-Jun-2002	1401352	21-Mar-2012	14-Jun-2022
France	07	EPC	Granted	02739871.8	14-Jun-2002	1401352	21-Mar-2012	14-Jun-2022
Germany	07	EPC	Granted	02739871.8	14-Jun-2002	1401352	21-Mar-2012	14-Jun-2022
Israel	08	PCT	Granted	159339	14-Jun-2002	0159339	29-Sep-2012	14-Jun-2022
Japan	09	PCT	Granted	2003-504865	14-Jun-2002	4332030	26-Jun-2009	14-Jun-2022
Korea, Republic of	10	PCT	Granted	10-2003-7016418	14-Jun-2002	0953465	09-Apr-2010	14-Jun-2022
Korea, Republic of	11	DIV	Granted	10-2009-7001826	14-Jun-2002	0953466	09-Apr-2010	14-Jun-2022
Netherlands	07	EPC	Granted	02739871.8	14-Jun-2002	1401352	21-Mar-2012	14-Jun-2022
United Kingdom	07	EPC	Granted	02739871.8	14-Jun-2002	1401352	21-Mar-2012	14-Jun-2022
United States of America	16	PCT	Granted	10/480,827	06-Oct-2004	7,482,503	27-Jan-2009	30-Sep-2023
United States of America	17	CON	Granted	11/981,111	31-Oct-2007	7,820,872	26-Oct-2010	08-Mar-2025

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US02/18757	14-Jun-2002
United States of America	PRO	60/298,773	14-Jun-2001

Tuesday, September 22, 2015

Master List by Docket Number

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Docket Number: 210420-1006

Title: Wound Dressing and Method for Controlling Severe, Life-Threatening Bleeding

Client: HemCon Medical Technologies, Inc.

Assignee: HemCon, Inc. and Providence Health System-Oregon

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
European Patent Convention	05	PCT	Published	04815198.9	23-Dec-2004			
Japan	07	PCT	Granted	2006-547298	23-Dec-2004	4854084	04-Nov-2011	23-Dec-2024
Korea, Republic of	08	PCT	Granted	10-2006-7014684	23-Dec-2004	1148248	14-May-2012	23-Dec-2024
United States of America	01	CIP	Granted	10/743,052	23-Dec-2003	7,371,403	13-May-2008	01-May-2026
United States of America	16	CON	Granted	12/925,292	18-Oct-2010	8,668,924	11-Mar-2014	26-Aug-2029

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US04/43084	23-Dec-2004
United States of America	PCT	10/480,827	06-Oct-2004
United States of America	PRO	60/298,773	14-Jun-2001

Docket Number: 210420-1007

Title: Wound Dressing and Method for Controlling Severe, Life-Threatening Bleeding

Client: HemCon Medical Technologies, Inc.

Assignee: HemCon, Inc.

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
United States of America	15	DIV	Granted	12/002,401	17-Dec-2007	8,313,474	20-Nov-2012	08-Dec-2024

Priorities:

CountryName	CaseType	AppNumber	FiDate
Patent Cooperation Treaty	ORD	PCT/US04/43132	23-Dec-2004
United States of America	PRI	10/743,051	23-Dec-2003

Docket Number: 210420-1008									
Title: Tissue Dressing Assemblies, Systems and Methods Formed from Hydrophilic Polymer Sponge Structures Such as Chitosan									
Client: HemCon Medical Technologies, Inc.									
Assignee: HemCon, Inc.									
Disclosure Status: Filed									
Disclosure Date:									
Attorneys: CEE, EWM, ELM									
Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date	
European Patent Convention	05	PCT	Published	04815250.8	22-Dec-2004				
Japan	07	PCT	Granted	2006-547315	22-Dec-2004	4812630	02-Sep-2011	22-Dec-2024	
Korea, Republic of	08	PCT	Granted	10-2006-7012470	22-Dec-2004	10-1105081	04-Jan-2012	22-Dec-2024	

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US04/43147	22-Dec-2004
United States of America	CIP	10/743,052	23-Dec-2003
United States of America	PRI	10/743,051	23-Dec-2003

Docket Number: 210420-1009

Title: Antimicrobial Barriers, Systems, and Methods Formed from Hydrophilic Polymer Structures Such as Chitosan

Client: HemCon Medical Technologies, Inc.

Assignee: HemCon Medical Technologies, Inc.

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Israel	08	PCT	Granted	184044	20-Dec-2005	184044	01-Oct-2011	20-Dec-2025

Priorities:

CountryName	CaseType	AppNumber	FiDate
Patent Cooperation Treaty	ORD	PCT/US2005/046199	20-Dec-2005
United States of America	CIP	11/020,365	23-Dec-2004

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Docket Number: 210420-1010

Title: Hydrophilic Polymer Dental Sponge
 Client: HemCon Medical Technologies, Inc.
 Assignee: HemCon Medical Technologies, Inc.
 Disclosure Status: Filed
 Disclosure Date:
 Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Canada	04	PCT	Published	2,627,483	02-Aug-2006			
China (People's Republic)	05	PCT	Granted	200680047919.X	02-Aug-2006	ZL200680047919.X	24-Jul-2013	02-Aug-2026
European Patent Convention	06	PCT	Published	06800712.9	02-Aug-2006			
Hong Kong	10	PCX	Published	09100688.8	22-Jan-2009			
Japan	08	PCT	Granted	2008-537698	02-Aug-2006	5,474,351	14-Feb-2014	02-Aug-2026
Korea, Republic of	09	PCT	Granted	10-2008-7012624	02-Aug-2006	10-1406566	03-Jun-2014	02-Aug-2026
United States of America	01	CIP	Granted	11/261,351	28-Oct-2005	7,897,832	01-Mar-2011	28-Oct-2025
United States of America	12	CON	Granted	12/804,010	12-Jul-2010	9,004,918	14-Apr-2015	05-Nov-2023

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US06/30283	02-Aug-2006
United States of America	CIP	10/743,052	23-Dec-2003
United States of America	CIP	11/261,351	28-Oct-2005
United States of America	PCT	10/480,827	06-Oct-2004
United States of America	PRO	60/298,773	14-Jun-2001

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Master List by Docket Number

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Docket Number: 210420-1011

Title: Systems and Methods for Introducing and Applying a Bandage Structure Within a Body Lumen or Hollow Body Organ

Client: HemCon Medical Technologies, Inc.

Assignee: Providence Health System-Oregon d/b/a Providence S

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
European Patent Convention	06	PCT	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
France	06	EPC	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
Germany	06	EPC	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
Italy	06	EPC	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
Netherlands	06	EPC	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
United Kingdom	06	EPC	Granted	07795251.3	23-May-2007	2026850	09-Jul-2014	23-May-2027
United States of America	09	CON	Granted	12/004,297	20-Dec-2007	8,920,514	30-Dec-2014	05-Apr-2028
United States of America	10	CON	Published	14/548,707	20-Nov-2014			

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US07/12319	23-May-2007
United States of America	PRO	60/802,654	23-May-2006

Docket Number: 210420-1012

Title: Systems and Methods for Hemorrhage Control and or Tissue Repair

Client: HemCon Medical Technologies, Inc.

Assignee: Providence Health System-Oregon and Kenton W. Greg

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Canada	02	ORD	Granted	2,539,382	13-Mar-2006	2,539,382	10-Jan-2012	13-Mar-2026
United States of America	01	PRI	Allowed	11/084,688	17-Mar-2005			

Priorities:

CountryName	CaseType	AppNumber	FileDate

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Docket Number: 210420-1013

Title: Methods Employing Particulate Hemostatic Agents Formed From Hydrophilic Polymer Foam Such as Chitosan
Client: HemCon Medical Technologies, Inc.
Assignee: HemCon Medical Technologies, Inc.
Disclosure Status: Filed
Disclosure Date:
Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
United States of America	02	CIP	Granted	11/485,886	13-Jul-2006	8,741,335	03-Jun-2014	13-Jan-2024
United States of America	12	CON	Granted	14/255,297	17-Apr-2014	8,951,565	10-Feb-2015	13-Jul-2025
United States of America	13	CON	Allowed	14/589,161	05-Jan-2015	9,132,206	15-Sep-2015	13-Jul-2025

Priorities:

CountryName	CaseType	AppNumber	FilDate
Patent Cooperation Treaty	ORD	PCT/US06/27279	13-Jul-2006
United States of America	PRO	60/698,734	13-Jul-2005

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Master List by Docket Number

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Docket Number: 210420-1020**Title:** Absorbable Tissue Dressing Assemblies, Systems, and Methods Formed from Hydrophilic Polymer Sponge Structures Such as Chitosan**Client:** HemCon Medical Technologies, Inc.**Assignee:** HemCon Medical Technologies, Inc.**Disclosure Status:** Filed**Disclosure Date:****Attorneys:** CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
United States of America	02	CIP	Granted	12/218,568	16-Jul-2008	8,269,058	18-Sep-2012	01-Jun-2029

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US08/08660	16-Jul-2008
United States of America	PRO	60/959,641	16-Jul-2007

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Docket Number: 210420-1023

Title: Wound Dressing Devices and Methods

Client: HemCon Medical Technologies, Inc.

Assignee: Providence Health System-Oregon d/b/a Providence S

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Canada	04	PCT	TBA	2,723,172	01-May-2009			
China (People's Republic)	05	PCT	Granted	200980124430.1	01-May-2009	ZL200980124430.1	02-Jul-2014	01-May-2029
European Patent Convention	06	PCT	Published	09739250.0	01-May-2009			
Japan	08	PCT	Granted	2011-507474	01-Nov-2010	5726068	10-Apr-2015	01-May-2029
Korea, Republic of	09	PCT	Granted	10-2010-7027038	01-Dec-2010	10-1548766	25-Aug-2015	01-May-2029
United States of America	01	ORD	Allowed	12/387,378	01-May-2009			

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US09/02723	01-May-2009
United States of America	PRO	61/049,831	02-May-2008

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Docket Number: 210420-1035**Title:** Chitosan Foam Medical Devices and Methods**Client:** HemCon Medical Technologies, Inc.**Assignee:** Providence Health System-Oregon**Disclosure Status:** Filed**Disclosure Date:****Attorneys:** CEE, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
European Patent Convention	03	PCT	Granted	09819771.8	06-Oct-2009	2340002	25-Mar-2015	06-Oct-2029
France	03	EPP	Granted	09819771.8	06-Oct-2009	2340002	25-Mar-2015	06-Oct-2029
Germany	03	EPP	Granted	09819771.8	06-Oct-2009	2340002	25-Mar-2015	06-Oct-2029
Hong Kong	04	PCX	Published	1210004.0	06-Oct-2009			
Netherlands	03	EPP	Granted	09819771.8	06-Oct-2009	2340002	25-Mar-2015	06-Oct-2029
United Kingdom	03	EPP	Granted	09819771.8	06-Oct-2009	2340002	25-Mar-2015	06-Oct-2029
United States of America	02	PCT	TBA	13/122,723	22-Jun-2011			
United States of America	05	DIV	Pending	14/847,526	08-Sep-2015			

Priorities:

CountryName	CaseType	AppNumber	FileDate
Patent Cooperation Treaty	ORD	PCT/US09/59726	06-Oct-2009
United States of America	PRO	61/103,067	06-Oct-2008

Docket Number: 210420-1036

Title: BIOCOMPATIBLE AND BIOABSORBABLE DERIVATIZED CHITOSAN COMPOSITIONS

Client: HemCon Medical Technologies, Inc.

Assignee: HemCon Medical Technologies, Inc.

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
China (People's Republic)	05	PCT	Unfiled					
European Patent Convention	06	PCT	Unfiled					
Patent Cooperation Treaty	03	ORD	Published	PCT/US2014/027766	14-Mar-2014			
United States of America	02	ORD	Published	14/211,632	14-Mar-2014			
United States of America	04	DIV	Pending	14/638,770	04-Mar-2015			

Priorities:

CountryName	CaseType	AppNumber	FileDate

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Docket Number: 210420-1043

Title: PT: RADIAL ACCESS BAND WITH CHITOSAN PATCH
Client: HemCon Medical Technologies, Inc.
Assignee: HemCon Medical Technologies, Inc.
Disclosure Status: Filed
Disclosure Date:
Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
United States of America	00	PRO	Pending	62/101,948	09-Jan-2015			09-Jan-2016

Priorities:

CountryName	CaseType	AppNumber	FiDate

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Docket Number: 210420-1044

Title: PT: CHITOSAN MATERIALS FROM CARBONIC ACID SOLUTION

Client: HemCon Medical Technologies, Inc.

Assignee: HemCon Medical Technologies, Inc.

Disclosure Status: Filed

Disclosure Date:

Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
Patent Cooperation Treaty	02	ORD	Published	PCT/US2015/014507	04-Feb-2015			
United States of America	01	ORD	Published	14/614,316	04-Feb-2015			

Priorities:

CountryName	CaseType	AppNumber	FileDate

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Docket Number: 210420-1045

Title: PT: CHITOSAN GEL
Client: HemCon Medical Technologies, Inc.
Assignee: HemCon Medical Technologies, Inc.
Disclosure Status: Filed
Disclosure Date:
Attorneys: CEE, EWM, ELM

Country	SubCase	Case Type	Status	Application Number	Filing Date	Patent Number	Issue Date	Expiration Date
United States of America	01	PRO	Pending	62/145,958	10-Apr-2015			10-Apr-2016

Priorities:

CountryName	CaseType	AppNumber	FiDate

Tuesday, September 22, 2015		Report Selection		Page 17 of 17 Record Count: 16	
Sort Order: by Docket Number		Print Abstract?: No	Print Keywords?: No	Print Remarks?: No	
		Print Inventors?: No		Print Entire Family?: No	
		Print Country Applications?: Yes		Print Images/Links?: No	
		Print Priorities?: Yes			
Disclosure Date:		From:	To:		
Docket Number:		Status Code: Active	Case Type(s):	Status(es):	
Client: HEMCO		Disclosure Status(es):			
Agent:					
Attorney:					
Assignee:					
Country:					
Area:					
Inventor:					
Keyword:					

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
CHITODOT	210420-0001 United States of America	0001 ORD	Allowed 05 Int.	86/477,734 11-Dec-2014	
Goods: 05 Int.	bandages, namely, hemostatic bandages for skin wounds, puncture wounds, internal wounds; surgical bandages, hemostatic wound dressings				
CHITOFLEX	210420-0001 United States of America	6409 ORD	Registered 05 Int.	77-003,188 20-Sep-2006	3,264,070 17-Jul-2007
Goods: 05 Int.	Bandages, namely, hemostatic bandages for skin wounds, puncture wounds, and internal wounds; surgical bandages; hemostatic wound dressings				
CHITOGAUZE	210420-0001 United States of America	6826 ORD	Registered 05 Int.	77-611,455 10-Nov-2008	3,825,898 27-Jul-2010
Goods: 05 Int.	Bandages for skin wounds				
CHITOGAUZE (and katana characters)	210420-0001 Japan	7126 ORD	Registered 05 Int.		5412125 13-May-2011
Goods: 05 Int.	Gauze for dressings, chitosan impregnated bandages for skin wounds made of gauze, chitosan impregnated adhesive plasters made of gauze				
CHITOPULSE	210420-0001 United States of America	0002 ORD	Allowed 10 Int.	86/585,387 02-Apr-2015	
Goods: 10 Int.	Medical devices, namely, vascular compression devices to facilitate hemostasis				
GUARDACARE	210420-0001 United States of America	7051 ORD	Registered 05 Int.	77-856,516 23-Oct-2009	3,915,050 01-Feb-2011
Goods: 05 Int.	bandages, namely, hemostatic bandages for skin wounds, puncture wounds, internal wounds; surgical bandages, hemostatic wound dressings				
GUARDACARE (and katakana characters)	210420-0001 Japan	7127 ORD	Registered 05 Int.	37307/2010	5362703 22-Oct-2010
Goods: 05 Int.	pharmaceutical preparations and hemostat preparations				
HEMCON	210420-0001 Australia	6218 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
HEMCON	210420-0001 Austria	6219 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Benelux	6220 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Canada	6122 ORD	Registered 05 Int , 10 Int.	1,215,479 30-Apr-2004	TMA688,056 22-May-2007
Goods: 05 Int. Bandages, namely, bandages for skin wounds, bandages for internal wounds, and surgical bandages for internal and external use; wound dressing					
10 Int. Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use					
HEMCON	210420-0001 China (People's Republic)	6221 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Czech Republic	6222 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Denmark	6223 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Estonia	6224 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Finland	6225 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 France	6226 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Germany	6227 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
HEMCON	210420-0001 Greece	6228 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Hungary	6229 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Int'l Registration - Madrid Agreement / Protocol	6045 ORD	Registered 05 Int , 10 Int.	Z1230813 29-Apr-2004	829,855 29-Apr-2004
Goods: 05 Int. Bandages, namely, bandages for skin wounds, bandages for internal wounds,surgical bandages, and spray foam bandages for internal and external use; wound dressings 10 Int. Bandages, namely, bandages for anatomical joints, compression bandages, spray foam bandages for internal and external use					
HEMCON	210420-0001 Ireland	6230 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Israel	6193 ORD	Registered 05 Int.	177,853 23-Jan-2005	177853 06-Mar-2006
Goods: 05 Int. Bandages, namely, bandages for skin wounds, bandages for internal wounds,and surgical bandages for internal and external use; wound dressing					
HEMCON	210420-0001 Israel	6194 ORD	Registered 10 Int.	177,854 23-Jan-2005	177,854 06-Mar-2006
Goods: 10 Int. Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use					
HEMCON	210420-0001 Italy	6231 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Japan	6232 MPR	Registered 05 Int.	29-Apr-2004	829,855 21-Mar-2008
Goods: 05 Int. Bandages for dressings, namely, bandages for skin wounds,surgical dressings					
HEMCON	210420-0001 Japan	7147 ORD	Registered 05 Int.	37303/2010	5362702 22-Oct-2010
Goods: 05 Int. pharmaceutical preparations					
HEMCON	210420-0001 Latvia	6233 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
HEMCON	210420-0001 Lithuania	6234 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Mexico	6121 ORD	Registered 05 Int.	654,335 30-Apr-2004	859300 23-Nov-2004
Goods: 05 Int. Bandages, namely, bandages for skin wounds, bandages for internal wounds, and surgical bandages for internal and external use; wound dressing					
HEMCON	210420-0001 Mexico	6125 ORD	Registered 10 Int.	654,334 30-Apr-2004	859299 23-Nov-2004
Goods: 10 Int. Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use					
HEMCON	210420-0001 Norway	6235 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Poland	6236 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Portugal	6237 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Russian Federation	6238 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Slovakia	6239 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Slovenia	6240 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Spain	6241 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Sweden	6242 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
Goods:					
HEMCON	210420-0001 Switzerland	6243 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 Turkey	6244 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 United Kingdom	6245 MPR	Registered	29-Apr-2004	829,855 29-Apr-2004
Goods:					
HEMCON	210420-0001 United States of America	6039 ORD	Registered 05 Int , 10 Int.	76-268,991 07-Jun-2001	2,735,347 08-Jul-2003
Goods: 05 Int.	Bandages, namely, bandages for skin wounds, bandages for internal wounds, surgical bandages, and spray foam bandages for internal and external use; wound dressings				
10 Int.	Bandages, namely, bandages for anatomical joints, compression bandages, spray foam bandages for internal and external use				
HEMCON (katakana characters)	210420-0001 Japan	7122 ORD	Registered 05 Int , 10 Int.	37304/2010	5406497 15-Apr-2011
Goods: 05 Int.	Bandages for dressings, namely, bandages for skin wounds, surgical dressings				
10 Int.	Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use				
HEMCON DENTAL DRESSING (and katana characters)	210420-0001 Japan	7186 ORD	Registered 05 Int.	71243/2010 09-Sep-2010	5422469 01-Jul-2011
Goods: 05 Int.	Pharmaceutical preparations, hemostatics, bandages, adhesive plasters, dental materials				
HEMCON Design Only	210420-0001 Japan	7124 ORD	Registered 05 Int , 10 Int.	373052010	5406498 15-Apr-2011
Goods: 05 Int.	Bandages, namely, bandages for skin wounds, bandages for internal wounds, surgical bandages for internal and external use; wound dressings				
10 Int.	Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use				
HEMCON Design Only	210420-0001 United States of America	6032 ORD	Registered 05 Int , 10 Int.	78/321,224 30-Oct-2003	2,941,755 19-Apr-2005
Goods: 05 Int.	Bandages, namely, bandages for skin wounds, bandages for internal wounds, surgical bandages for internal and external use; wound dressings				
10 Int.	Bandages, namely, bandages for anatomical joints, compression bandages for internal and external use				
HEMCON PATCH	210420-0001 United States of America	6942 ORD	Registered 05 Int.	77-732,990 08-May-2009	3,851,037 21-Sep-2010

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Trademark	Case Number Country	SubCase Case Type	Status Classes	Application Number/Date	Registration Number/Date
Goods: 05 Int.	Bandages, namely, adhesive bandages, bandages for skin wounds, bandages for internal wounds, surgical bandages for internal and external use, wound dressings				
KYTOSTAT (and katakana characters)	210420-0001 Japan	7130 ORD	Registered 05 Int.	37309/2010	5362705 22-Oct-2010
Goods: 05 Int.	bandages for skin wounds				
M.DOC (and katakana characters)	210420-0001 Japan	7131 ORD	Registered 05 Int.	37310/2010	5362706 22-Oct-2010
Goods: 05 Int.	Gauze for dressings, bandages for dressings, adhesive plasters				
NASAL PLUG (and katakana characters)	210420-0001 Japan	7159 ORD	Registered 05 Int.	71244/2010	5382077 07-Jan-2011
Goods: 05 Int.	Pharmaceutical preparations, hemostatics, bandages, adhesive plasters				
SURGICAL GEL (and katakana characters)	210420-0001 Japan	7187 ORD	Registered 05 Int.	71245/2010	5382078 07-Jan-2011
Goods: 05 Int.	Pharmaceutical preparations, hemostatics, bandages, adhesive plasters, collodion for pharmaceutical purposes				

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		Record Count: 54
Sort Order: by Trademark	Report Format: Concise	Print Goods?: Yes Print Remarks?: No Print Images/Links?: No Print Designated Countries?: No
Filing Date:	From:	To:
Case Number:	Status Code: Active	
Trademark:	Case Type(s):	Status(es):
Client: HemCon Medical Technologies, Inc.		
Agent:		
Attorney:		
Owner:		
Country:		
Area:		
Keyword:		

Fill in this information to identify the case:Debtor name **HemCon Medical Technologies, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **16-30119-pcm11**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Sussex Associates, LP Creditor's Name 24200 SW Freeway #402-285 Rosenberg, TX 77471 Creditor's mailing address Creditor's email address, if known Date debt was incurred 11/21/2013 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All cash, accounts receivable, inventory, purchase orders, & all intellectual property but specifically excluding all property, plant, and equipment. Describe the lien Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,154,000.00 Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$5,154,000.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Sussex Associates, LP Paul Conrad CPA - RA 2238 Woodland Park Dr. Houston, TX 77077	Line 2.1	

Fill in this information to identify the case:

Debtor name **HemCon Medical Technologies, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) **16-30119-pcm11**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Maire Ni Beilliu 1000 SW Vista Avenue, Apt. 410 Portland, OR 97205 Date or dates debt was incurred January 2016. Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58]. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.2	Priority creditor's name and mailing address Simona Buergi 5514 SE Hillwood Circle Milwaukie, OR 97267 Date or dates debt was incurred January 2016. Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58]. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

Debtor	HemCon Medical Technologies, Inc. <small>Name</small>	Case number (if known)	16-30119-pcm11
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2.3	Priority creditor's name and mailing address City of Portland City Attorney's Office 1221 SW Fourth Ave., Rm. 430 Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: City Fees or Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Brian Clare 2108 SE Cypress Avenue Portland, OR 97214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Megan Clark 17348 Bryant Road Lake Oswego, OR 97035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Gretchen Daguanno 1829 NW Lovejoy Street, #103 Portland, OR 97209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address Andie Duplantis 2009 NW Overton Street, #1 Portland, OR 97209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Cole Gannett 6706 SE Steele Street Portland, OR 97206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address IRS POB 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,571.57	\$6,571.57
	Date or dates debt was incurred 	Basis for the claim: Medical device tax.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Simon J McCarthy 3715 NW Gordon Street Portland, OR 97210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Multnomah County-DART Assessment, Recording & Taxation POB 2716 Portland, OR 97208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,570.62	\$1,570.62
	Date or dates debt was incurred	Basis for the claim: County Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address ODR Bkcy 955 Center NE #353 Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Precautionary - State taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Lora Remington 12047 SW Tualatin Road, #325 Tualatin, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Julie Saltamachio 14377 SE Meadows Lane Clackamas, OR 97015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Stuart Sands 2165 NW Everett Steet Portland, OR 97210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred January 2016.		Basis for the claim: Employee. Paid pursaunt to Court Order entered 1/27/16 [ECF No. 58].		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Michelle Sells 3501 Burlington Dr Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred January 2016.		Basis for the claim: Employee. Paid pursaunt to Court Order entered 1/27/16 [ECF No. 58].		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Andrew Sprague 10601 SW Tigard Street, #4 Tigard, OR 97223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred January 2016.		Basis for the claim: Employee. Paid pursaunt to Court Order entered 1/27/16 [ECF No. 58].		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Rachelle Stewart 1103 N Meridian St. Unit 4201 Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred January 2016.		Basis for the claim: Employee. Paid pursaunt to Court Order entered 1/27/16 [ECF No. 58].		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Amennie Tes 15520 NE 85th Street Vancouver, WA 98682	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Jana L Wahl 11166 SE 30th Avenue Milwaukie, OR 97222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Washington County Tax Collector 155 N 1st Ave. Room 130 Hillsboro, OR 97124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,456.44	\$52,456.44
	Date or dates debt was incurred 	Basis for the claim: County Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Michael Wax 1500 SW 5th Avenue, Unit 1106 Portland, OR 97201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred January 2016.	Basis for the claim: Employee. Paid pursuant to Court Order entered 1/27/16 [ECF No. 58].		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23 Priority creditor's name and mailing address

**Stephanie Wiegman
1460 SW Bertha Blvd, #16
Portland, OR 97219**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

January 2016.

Basis for the claim:

**Employee. Paid pursuant to Court Order
entered 1/27/16 [ECF No. 58].**

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.24 Priority creditor's name and mailing address

**Ervelyn Winata
463 NE Natalie Street
Hillsboro, OR 97124**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

January 2016.

Basis for the claim:

**Employee. Paid pursuant to Court Order
entered 1/27/16 [ECF No. 58].**

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

**Adams & Chittenden Scientific Glass
2741 Eighth St.
Berkeley, CA 94710**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

\$2,097.50

Date or dates debt was incurred _____

Last 4 digits of account number _____

Basis for the claim: **Trade Creditor**

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

**Adaptive Planning/Insights
1400 Live Oak Ave.
Irwindale, CA 91706-1300**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,292.00

Date or dates debt was incurred _____

Last 4 digits of account number _____

Basis for the claim: **Trade Creditor**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

**Adobe
345 Park Ave.
San Jose, CA 95110**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date or dates debt was incurred _____

Last 4 digits of account number _____

Basis for the claim: **Precautionary.**

Is the claim subject to offset? ☒ No ☐ Yes

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3.4	Nonpriority creditor's name and mailing address AFLAC Attn: Remittance Processing 1932 Wynnton Road Columbus, GA 31993-0797 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Agilent Technologies 5301 Stevens Creek Blvd Santa Clara, CA 95051 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address Airgas USA, LLC POB 7423 Pasadena, CA 91109-7423 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$762.60
3.7	Nonpriority creditor's name and mailing address Allegiance Benefit Plan Mgmt POB 4346 Missoula, MT 59806-4346 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address Allied Affiliated Funding LP 5151 Beltline Rd. #500 Dallas, TX 75254 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Terminated UCC filing 89714351.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Larry L. Alloway 3814 S. Genoa Circle Unit B Aurora, CO 80013 Date or dates debt was incurred <u>1/20/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.10	Nonpriority creditor's name and mailing address Amazon.com, Inc. 410 Terry Ave. North Seattle, WA 98109-5210 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.11	Nonpriority creditor's name and mailing address American Arbitration Association 45 E River Park Place W Suite 308 Fresno, CA 93720 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address Animal Biotech Industries, Inc POB 519 Dansboro, PA 18916 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
3.13	Nonpriority creditor's name and mailing address aptitude LLC 75 Remittance Drive Ste# 1798 Attn: Accounts Receivable Chicago, IL 60675-1798 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.14	Nonpriority creditor's name and mailing address Aramark 1801 SW Airport Ave. Corvallis, OR 97333 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Archive Systems, Inc. 23070 NE Townsend Way Portland, OR 97024 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$774.12
3.16	Nonpriority creditor's name and mailing address Arizona Instrument 3375 N Delaware St Chandler, AZ 85225 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address ASQ POB 3033 Milwaukee, WI 53201-3033 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.18	Nonpriority creditor's name and mailing address Assoc. for the Advc. of Med. Instruments c/o Agent Cashier - IFF Suite 301 Arlington, VA 22203-1633 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Atkins Design 617 Curtis Ave. Wilmington, DE 19804 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Avalara 435 Eriksen Ave., N.E. Bainbridge Island, WA 98110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales tax management software.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,530.00
3.21	Nonpriority creditor's name and mailing address Balboa Cap/VAR Leasing 2010 Main Street 11th Fl Irvine, CA 92614 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address Ball Janik LLP 101 SW Main Street Suite 1100 Portland, OR 97204-3219 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Bank of America NA 2001 Clayton Road Mail Code: CA4-702-0 Concord, CA 94520 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Terminated UCC Filing 7883059.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address James Barickman 10 Saugatuck Ave. Westport, CT 06880 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00

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3.25	Nonpriority creditor's name and mailing address Maire Ni Beilliu 1000 SW Vista Avenue, Apt. 410 Portland, OR 97205 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,910.01
3.26	Nonpriority creditor's name and mailing address BetaKang (ShenZhen) Health Tech., Co. Lt 16/F, Block B, Pavillion No. 4002 Huaqiang North Road Futian District, ShenZhen CHINA Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.27	Nonpriority creditor's name and mailing address Bibby Financial Services (CA), Inc. 3027 Townsgate Rd., Ste #140 Westlake Village, CA 91361 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Terminated UCC Filing 89855170.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address Biotest Laboratories 9303 West Broadway Ave. Brooklyn Park, MN 55445 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Quality control release testing services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
3.29	Nonpriority creditor's name and mailing address Bird & Bird 4/F Three Pacific Place 1 Queen's Road East HONG KONG Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patent services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$417.03
3.30	Nonpriority creditor's name and mailing address Michel Boileau MD 75 Bond Street Bend, OR 97702 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Cheryl Bondurant 10220 SW Sedlak Ct. Tualatin 97062 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.32	Nonpriority creditor's name and mailing address Boyd Corporation 600 So McClure Road Modesto, CA 95357 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,561.25
3.33	Nonpriority creditor's name and mailing address Robin Brandstetter 6505 SE Needham Street Milwaukie 97222 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address Simona Buerigi 5514 SE Hillwood Circle Milwaukie, OR 97267 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,750.00
3.35	Nonpriority creditor's name and mailing address Business Accelerator Portland State University 351 NW 12th Ave. Portland, OR 97209 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.36	Nonpriority creditor's name and mailing address Carmody Torrance Sandak & Hennessey 195 Church Street New Haven, CT 06509-1950 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,694.53
3.37	Nonpriority creditor's name and mailing address CEpartner4U BV POB 268 Elk River, MN 55330 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>European authorized representative and consulting services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,770.00
3.38	Nonpriority creditor's name and mailing address Charles Creighton 1235 N. Going St. Portland, OR 97217 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.39	Nonpriority creditor's name and mailing address City Center Parking 514 SW 6th Ave., 1st Floor Portland, OR 97204 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address Brian Clare 2108 SE Cypress Avenue Portland, OR 97214 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,450.01
3.41	Nonpriority creditor's name and mailing address Megan Clark 17348 Bryant Road Lake Oswego, OR 97035 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,260.00
3.42	Nonpriority creditor's name and mailing address Claude's Accurate Machining 14413 NE 10th Ave. Suite A112 Vancouver, WA 98685 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.43	Nonpriority creditor's name and mailing address Combat Medical Systems LLC 5555 Harrisburg Industrial Park Dr. Harrisburg, NC 28075 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Terminated UCC filings 89716703 and 89716710 and 89716727.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address Computer Packages, Inc 800 Roosevelt Road Building B, Suite 302 Glen Ellyn, IL 60137 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address Concord Technologies 101 Stewart Street, Suite 1000 Seattle, WA 98101 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.46	Nonpriority creditor's name and mailing address Copytronix 16640 SW 72nd Ave. Portland, OR 97224 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Cosgrave Vergeer Kester LLP 888 SW Fifth Ave., Suite 500 Portland, OR 97204 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
3.49	Nonpriority creditor's name and mailing address Covenant Technology Solutions, Inc. 15 SE 82nd Drive Suite 120 Gladstone, OR 97027 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT Infrastructure and support services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,088.35
3.50	Nonpriority creditor's name and mailing address Craftsman Label, Inc 13101 SE 84th Ave. Clackamas, OR 97015 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.51	Nonpriority creditor's name and mailing address CTS LanguageLink 911 Main Street, Suite 10 Vancouver, WA 98660 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.52	Nonpriority creditor's name and mailing address Gretchen Daguanno 1829 NW Lovejoy Street, #103 Portland, OR 97209 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,147.00

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3.53	Nonpriority creditor's name and mailing address DayStar Funding LP 5834 Bridlewood Dr. Richmond, TX 77469 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330,000.00
3.54	Nonpriority creditor's name and mailing address Department of the Treasury Internal Revenue Service Cincinnati, OH 45999-0009 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address Department of Veteran Affairs c/o Agent Cashier - IFF POB 7005 Hines, IL 60141 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address Dept of the Treasury Form 5330/Section 4979 Internal Revenue Service Ogden, UT 84201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address Donald Gouge, Jr., LLC 800 N. King Street Suite 303 Wilmington, DE 19899-1674 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Dragos Mihalache 17308 SE 3rd St. Vancouver, WA 98683 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address Dravon Medical, Inc. 11465 S.E. Hwy. 212 Clackamas, OR 97015 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.60	Nonpriority creditor's name and mailing address Andie Duplantis 2009 NW Overton Street, #1 Portland, OR 97209 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,472.00
3.61	Nonpriority creditor's name and mailing address Stephanie Ebert 1750 Hickory KNL Johns Island 29455 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.62	Nonpriority creditor's name and mailing address EcoBinary, LLC 8240 SW Nimbus Ave. Beaverton, OR 97008 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address Employment Screening Svcs 627 E. Sprague, Ste 100 Spokane, WA 99202 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address ENV Services, Inc. Attn: Receiving Dept. 10575 SW Cascade Ave., Ste. 130 Portland, OR 97223 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address eSoftware Professionals 10450 SW Nimbus, Suite B Portland, OR 97223 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Enterprise Resource Planning software implemetation services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,093.75
3.66	Nonpriority creditor's name and mailing address Essential Healthcare Management 25621 Bridgewater Lane Dana Point, CA 92629 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Sales support and consultancy services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00

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3.67	Nonpriority creditor's name and mailing address F.A. Voight & Associates LP 5834 Bridlewood Dr. Richmond, TX 77471 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Terminated UCC Filing 89877572. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.68	Nonpriority creditor's name and mailing address FedEx POB 7221 Pasadena, CA 91109-7321 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Freight services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,325.71
3.69	Nonpriority creditor's name and mailing address FedEx Freight Attn: Receiving Dept. 10575 SW Cascade Ave., Ste. 130 Portland, OR 97223 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Freight services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.10
3.70	Nonpriority creditor's name and mailing address FedEx Freight Attn: Receiving Dept. 10575 SW Cascade Ave., Ste. 130 Portland, OR 97223 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Freight services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,752.00
3.71	Nonpriority creditor's name and mailing address FedEx Trade Networks 128 Dearborn St Buffalo, NY 14207 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.72	Nonpriority creditor's name and mailing address Fidelity Investments POB 73307 Plan 79723 Chicago, IL 60673-7307 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.73	Nonpriority creditor's name and mailing address Fine Solutions 20700 44th Ave. West Suite 260 Lynnwood, WA 98036 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.74	Nonpriority creditor's name and mailing address First American Title Co. Accounts Receivable Dept 24508 Network Place Chicago, IL 60673-1245 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.75	Nonpriority creditor's name and mailing address Fluke Electronics 1420 75th Street SW Everett, WA 98203 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.76	Nonpriority creditor's name and mailing address Food and Drug Administration US Bank Lock Box, FDA Account POB 956733 St. Louis, MO 63195-6733 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address Frontier Medical Products 140 S Park Street Port Washington, WI 53074 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.78	Nonpriority creditor's name and mailing address Gael Limited Orion House S.E. Technology Park East Kilbride G75 0RD SCOTLAND Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address Cole Gannett 6706 SE Steele Street Portland, OR 97206 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,071.47
3.80	Nonpriority creditor's name and mailing address Georgia Regents Medical Associates 1499 Walton Way Suite 1400 Augusta, GA 30901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00

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3.81	Nonpriority creditor's name and mailing address GPO Morgan, LLC c/o Great Point Investors LLC Two Center Plaza, Suite 410 Boston, MA 02108 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$43,534.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease at 720 SW Washington Street. Debtor is tenant.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address GPO Morgan, LLC Urban Renaissance Group Urban Renaissance Prop Co 720 SW Washington St, Suite 630 Portland, OR 97205 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address Grace Christian Ministries, Inc 15401 Bellaire Blvd. Houston, TX 77083 Date or dates debt was incurred <u>12/16/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,200,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address Grace Christian Ministries, Inc. c/o Christian, Smith & Jewell, LLP 2302 Fannin, Suite 500 Houston, TX 77002 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	Nonpriority creditor's name and mailing address Dr. Kenton Gregory 9155 SW Barnes Road Suite 240 Portland, OR 97225 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$15,516.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Chitosan Technology license agreement.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address GS1 US, Inc. 7887 Washington Village Drive Suite 300 Dayton, OH 45459 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address Kim Guenther 518 Woodbird Place Paris, TN 38242 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.88	Nonpriority creditor's name and mailing address Gyrus ACMI, Inc. Attn: Wally Puckett 2925 Appling Road Bartlett, TN 38133 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.89	Nonpriority creditor's name and mailing address Hatfield Communications LLC POB 83825 Portland, OR 97283-0825 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.90	Nonpriority creditor's name and mailing address Healthcare Manufaktur GmbH Gustav-Heinemann-Ufer 56 50968 Koln GERMANY Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,700.00
3.91	Nonpriority creditor's name and mailing address HemCon Medical Tech CZ s.r.o. Delnicka 363 CZ 506 01 Jicin CZECH REPUBLIC Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,784.00
3.92	Nonpriority creditor's name and mailing address Hi-Heat Industries, Inc 256 Hanover Road Lewistown, MT 59457 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.93	Nonpriority creditor's name and mailing address Hua Xie 5929 NW Skycrest Pkwy Portland, OR 97229 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>China Agent Commission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,355.00
3.94	Nonpriority creditor's name and mailing address Icon Pool 3 West, LLC Two North Riverside Plaza Suite 2350 Chicago, IL 60606 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Leasehold restoration claim by previous landlord.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173,125.73

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3.95	Nonpriority creditor's name and mailing address IndCor Properties 75 Remittance Drive Dept 6957 Chicago, IL 60675-6957 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111,858.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Landlord at Debtor old location at 10757 SW Cascade Ave.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address IndCor Properties 75 Remittance Drive Dept 6957 Chicago, IL 60675-6957 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,164.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Landlord at Debtor old location at 10757 SW Cascade Ave.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address IndCor Properties 75 Remittance Drive Dept 6957 Chicago, IL 60675-6957 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,103.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Landlord at Debtor old location at 10757 SW Cascade Ave.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Lawrence K. Ingber POB 630 Palm Beach, FL 33480 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Inland Integration 114 West Pacific Ave. Suite 204 Spokane, WA 99201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Innovize 500 Oak Grove Parkway St. Paul, MN 55127 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$257,651.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Manufacturing services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Innovize 500 Oak Grove Parkway St. Paul, MN 55127 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$82,939.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Manufacturing services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.102	Nonpriority creditor's name and mailing address Instron Corporation 75 Remittance Drive, Ste. 6826 Chicago, IL 60675-6826 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103	Nonpriority creditor's name and mailing address Integra Telecom, Inc. 18110 SE 34th St. Building One, Ste 100 Vancouver, WA 98682 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.24
3.104	Nonpriority creditor's name and mailing address IPFS (Imperial Credit Corp) POB 100391 Pasadena, CA 91189-0391 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premium financing.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,623.04
3.105	Nonpriority creditor's name and mailing address Irvine Pharmaceutical Services 10 Vanderbilt Ave. Irvine, CA 92618 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address Jones Lang LaSalle Americas, Inc BMO Harris Bank 33832 Treasury Center Dr Chicago, IL 60694-3800 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address Kemeera, Inc. DBA Fathom 329 Jesfferson Street Oakland, CA 97607 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address Kim & Chang Seyang Bldg. (Main Reception) 39, Sajik-ro 8-gil Jongno-gu, Seoul 03170 KOREA Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.109	Nonpriority creditor's name and mailing address Lab Consulting, LLC 3047 NE 14th Ave. Portland, OR 97212 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	Nonpriority creditor's name and mailing address Lab Support 33035 Collection Center Drive Chicago, IL 60693-0330 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,950.00
3.111	Nonpriority creditor's name and mailing address Lampire Biologic Laboratories, Inc. POB 270 Pipersville, PA 18947 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bovine blood.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.75
3.112	Nonpriority creditor's name and mailing address Law Office of Charles J. Ingber 4653 Carmel Mountain Road Suite 308-217 San Diego, CA 92130 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,001.50
3.113	Nonpriority creditor's name and mailing address Lawrence Matasar, P.C. 621 SW Morrison St. Suite 1025 Portland, OR 97205-3813 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.114	Nonpriority creditor's name and mailing address LEAD IT Consulting LLC 14990 SW 144th Ave. Portland, OR 97224 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address LegalShield POB 2629 Ada, OK 74821-9984 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.116	Nonpriority creditor's name and mailing address Legend Technical Services, Inc. 88 Empire Drive St. Paul, MN 55103 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117	Nonpriority creditor's name and mailing address LifeMap/Regence Life and Health POB 1271 MS E3A Portland, OR 97207-1271 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118	Nonpriority creditor's name and mailing address John Linderman and James Barickman 10 Saugatuck Ave. Westport, CT 06880 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180,000.00
3.119	Nonpriority creditor's name and mailing address James S. Linderman 307 Springhouse Lane Hockessin, DE 19707 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120	Nonpriority creditor's name and mailing address John Linderman 10 Saugatuck Ave. Westport, CT 06880 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
3.121	Nonpriority creditor's name and mailing address Louisiana Board of Wholesale Drug Dist. 12091 Bricksome Ave. Suite B Baton Rouge, LA 70816 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.122	Nonpriority creditor's name and mailing address Mantra Technology, LLC 278 SW Mawcrest Ave. Gresham, OR 97080 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.123	Nonpriority creditor's name and mailing address Mazama Design LLC 2990 NW Fitzgerald Ct Bend, OR 97701 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124	Nonpriority creditor's name and mailing address Simon J McCarthy 3715 NW Gordon Street Portland, OR 97210 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.02
3.125	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co POB 7690 Chicago, IL 60680-7690 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.126	Nonpriority creditor's name and mailing address MedAssets, Inc POB 741361 Atlanta, GA 30374-7413 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,424.00
3.127	Nonpriority creditor's name and mailing address MedAssets, Inc POB 741361 Atlanta, GA 30374-7413 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,735.00
3.128	Nonpriority creditor's name and mailing address Samuel Meeks 11 Carrington Court Hazel Crest 60429 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address MetLife Local Market POB 804466 Kansas, MO 64180-4466 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.130	Nonpriority creditor's name and mailing address Mettler-Toledo, Inc. 22670 Network Place Chicago, IL 60673-1226 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.131	Nonpriority creditor's name and mailing address Michael L. Larson Company, P.C. 5665 Meadows Road, Suite 310 Lake Oswego, OR 97035 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,024.00
3.132	Nonpriority creditor's name and mailing address Micrex Corporation 17 Industrial Road Walpole, MA 02081 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Microrite Inc. 5019 New Trier Ave. San Jose, CA 95136 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134	Nonpriority creditor's name and mailing address Microsoft - Online Services One Microsoft Way Redmond, WA 98052-6399 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address Miller Nash LLP POB 3585 Portland, OR 97208-3585 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patent services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,375.19
3.136	Nonpriority creditor's name and mailing address Miller Nash LLP POB 3585 Portland, OR 97208-3585 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00

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3.137	Nonpriority creditor's name and mailing address National Health Institute ATTN: Karin J. Mastrangelo 6707 Democracy Blvd., Room 720C 2 Democracy Plaza Bethesda, MD 80892-5451 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GI Hemostatic Dressing Grant 1R43DK104564-01 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138	Nonpriority creditor's name and mailing address National Health Institute ATTN: Pamela M. Love 6707 Democracy Blvd. Bethesda, MD 80892-5451 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.139	Nonpriority creditor's name and mailing address Nelson Laboratories, Inc. POB 571830 Murray, UT 84157-1830 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,773.29
3.140	Nonpriority creditor's name and mailing address Netropole Inc. 5630 NE MLK Blvd. Portland, OR 97211 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141	Nonpriority creditor's name and mailing address New Horizon, Inc. Attn: M. Scott Stevens 8270 S 33rd #307 Lincoln, NE 68516 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Loan/ Interest Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$849.80
3.142	Nonpriority creditor's name and mailing address Newegg Inc. 9997 Rose Hills Road Whittier, CA 90601 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.143	Nonpriority creditor's name and mailing address Northwest Paper Box Manufacturing 5617 N. Basin Ave. Portland, OR 97217-3901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,088.14

3.144	Nonpriority creditor's name and mailing address NSAI Inc. Nat'l Standards Auth. of Ireland Finance & Administration 20 Trafalgar Square Suite 603 Nashua, NH 03063 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,942.15
3.145	Nonpriority creditor's name and mailing address NW Natural Gas POB 6017 Portland, OR 97228-6017 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.146	Nonpriority creditor's name and mailing address NW Towncar Service 17950 SW Loma Vista St Beaverton, OR 97007 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address OHSU Proposal & Award Mailcode L106OPAM 0690 SW Bancroft Street Portland, OR 97239 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant with OHSU regenerative medicine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,500.00
3.148	Nonpriority creditor's name and mailing address OHSU Proposal & Award Mailcode L106OPAM 0690 SW Bancroft Street Portland, OR 97239 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grant with OHSU regenerative medicine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,568.14
3.149	Nonpriority creditor's name and mailing address Oliver-Tolas Health Care Packaging Account #04796 905 Pennsylvania Blvd. Festerville, PA 19053 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address Olsson Industrial Electric/Olsson Contro POB 70413 Eugene, OR 97401 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.151	Nonpriority creditor's name and mailing address Online Business Systems 400 S.W. 6th Ave., Suite 500 Portland, OR 97204 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IT Infrastructure and support Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,351.42
3.152	Nonpriority creditor's name and mailing address Oregon Dept of Environmental Quality 3150 NW 229th Ave. #150 Hillsboro, OR 97124 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.10
3.153	Nonpriority creditor's name and mailing address Oregon Dept of Revenue POB 14725 Salem, OR 97309-5018 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.154	Nonpriority creditor's name and mailing address Oregon Employment Department 875 Union Street NE Salem, OR 97311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.155	Nonpriority creditor's name and mailing address Oregon Health & Science Univ Mail Code L002 3181 SW Sam Jackson Park Rd. Portland, OR 97239-3098 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Rental of laboratories at NW Gynecology Center (Peterkort office). Debtor is tenant. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.156	Nonpriority creditor's name and mailing address Oregon Secretary of State Corporate Division 255 Capitol St NE Suite 151 Salem, OR 97310-1327 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.157	Nonpriority creditor's name and mailing address Original Cin 7814 SE Center St Portland, OR 97206 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

3.158	Nonpriority creditor's name and mailing address Owens & Minor NUS/SPM200-05-D-6200 Attn: CH87 Bldg 2434, 20th Street Fort Campbell, KY 42223 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.159	Nonpriority creditor's name and mailing address Jody Oyama 9710 SW Hialeah Drive Beaverton 97008 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160	Nonpriority creditor's name and mailing address PAETEC, a Windstream Company POB 9001013 Louisville, KY 40290-1013 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telecommunications provider.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.161	Nonpriority creditor's name and mailing address Pape Material Handling POB 5077 Portland, OR 97208-5077 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.162	Nonpriority creditor's name and mailing address Pardam, s r.o. Jindrissk 2025 Pardubice, 530 02 CZECH REPUBLIC Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.163	Nonpriority creditor's name and mailing address Alexander Peek 1440 208th Dr. Seward, NE 68434 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.164	Nonpriority creditor's name and mailing address Jared Peek 1440 208th Dr. Seward, NE 68434 Date or dates debt was incurred <u>2/16/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

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3.165	Nonpriority creditor's name and mailing address Perrin Pacific Corp 2363 NW Flanders St. Portland, OR 97210 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commission / Agent for Japan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,720.39
3.166	Nonpriority creditor's name and mailing address Point Monitor Corp 5863 Lakeview Blvd Suite 100 Lake Oswego, OR 97035 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address Portland General Electric POB 4438 Portland, OR 97208-4438 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Potter Clarkson LLP The Belgrave Center, Talbot Street Nottingham, UK, NG1 5GG UNITED KINGDOM Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Patent services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address Premier Purchasing Partners, LP BOX 847650 Los Angeles, CA 90084-7650 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,060.00
3.170	Nonpriority creditor's name and mailing address Premier Purchasing Partners, LP BOX 847650 Los Angeles, CA 90084-7650 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$597.00
3.171	Nonpriority creditor's name and mailing address Primex ehf Oskarsgata 7 580 Siglufjordur, Iceland ICELAND Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.172	Nonpriority creditor's name and mailing address Professional Testing Lab 714 Glenwood Pl Dalton, GA 30721 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.173	Nonpriority creditor's name and mailing address Providence Health Sys - Oregon Misc. Cash - Research Attn: Sue Rich / Joan Fegel POB 13993 Portland, OR 97213 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Chitosan Technology license agreement.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,516.16
3.174	Nonpriority creditor's name and mailing address Qosina, Inc 150-Q Executive Drive Edgewood, NY 11717-8329 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.175	Nonpriority creditor's name and mailing address Quality Bioresources, Inc. 1015 North Austin Street Seguin, TX 78155 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product manufacturing services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,818.90
3.176	Nonpriority creditor's name and mailing address Quality Control Services, Inc. 2340 SE 11th Ave. Portland, OR 97293 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address Regence BlueCross Blue Shield 200 SW Market St. Portland, OR 97201 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.178	Nonpriority creditor's name and mailing address Lora Remington 12047 SW Tualatin Road, #325 Tualatin, OR 97062 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,707.43

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3.179	Nonpriority creditor's name and mailing address Rose City Moving & Storage 5130 N. Basin Portland, OR 97217 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Storage unit rental.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.180	Nonpriority creditor's name and mailing address SAIF Corporation 400 High St SE Salem, OR 97312-1000 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181	Nonpriority creditor's name and mailing address Julie Saltamachio 14377 SE Meadows Lane Clackamas, OR 97015 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,062.28
3.182	Nonpriority creditor's name and mailing address Stuart Sands 2165 NW Everett Steet Portland, OR 97210 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,500.02
3.183	Nonpriority creditor's name and mailing address Stan Schroeder 25621 Bridgewater Lane Dana Point, CA 92629 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address SEC Attn: Bankruptcy Counsel 444 South Flower Street, Suite 900 Los Angeles, CA 90071-9591 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary Notice Only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address Security Signs 2424 SE Holgate Blvd Portland, OR 97202 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.186	Nonpriority creditor's name and mailing address Michelle Sells 3501 Burlington Dr Newberg, OR 97132 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,685.01
3.187	Nonpriority creditor's name and mailing address Seneca Medical 85 Shaffer Park Dr Tiffin, OH 44883 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.188	Nonpriority creditor's name and mailing address Shaanxi Pioneer Biotech Co., Ltd. No. 11 Daqing Road Lianhu District Xi'an 710082 CHINA Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address Bill Shields 3095 SW 66Th Court Portland 97225 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.190	Nonpriority creditor's name and mailing address Shusaku Yamamoto POB 31001-1267 Pasadena, CA 91110-1267 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.191	Nonpriority creditor's name and mailing address Sigma-Aldrich, Inc. POB 535182 Atlanta, GA 30353-5182 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,506.01
3.192	Nonpriority creditor's name and mailing address Smart & Biggar 55 Metcalfe St., Ste. 900 POB 2999, Station D Ottawa, ON K1P 5Y6 CANADA Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.193	Nonpriority creditor's name and mailing address SP Scientific - Hull POB 48324 Newark, NJ 07101-4850 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.194	Nonpriority creditor's name and mailing address Andrew Sprague 10601 SW Tigard Street, #4 Tigard, OR 97223 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,768.65
3.195	Nonpriority creditor's name and mailing address SSOE Group 7431 NW Evergreen Parkway, Suite 210 Portland, OR 97205 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building contractor.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218,162.47
3.196	Nonpriority creditor's name and mailing address Staples Business Advantage Dept. LA POB 83689 Chicago, IL 60696-3689 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.79
3.197	Nonpriority creditor's name and mailing address Barry Starkman 7447 SW Hergert Rd. Cornelius, OR 97113 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arbitration Award</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.198	Nonpriority creditor's name and mailing address Stericycle Environmental Solutions 625 South 32nd Street Washougal, WA 98671 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199	Nonpriority creditor's name and mailing address STERIS Isomedix Attention: Jessica Tibbetts 1000 S. Sarah Place Ontario, CA 91761 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sterilization of Products</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,686.24

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3.200	Nonpriority creditor's name and mailing address STERIS Isomedix 7828 North Nagel Ave. Morton Grove, IL 60053 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sterilization of Products</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,225.84
3.201	Nonpriority creditor's name and mailing address Stevens Integrated Solutions 4101 SE 26th Ave. Portland, OR 97202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202	Nonpriority creditor's name and mailing address Rachelle Stewart 1103 N Meridian St. Unit 4201 Newberg, OR 97132 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,914.40
3.203	Nonpriority creditor's name and mailing address Sussex Associates, LP Paul Conrad CPA - RA 2238 Woodland Park Dr. Houston, TX 77077 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.204	Nonpriority creditor's name and mailing address Taipei Economic & Cultural Rep Office 4201 Wisconsin Ave. NW Washington, DC 20016 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.205	Nonpriority creditor's name and mailing address Taylor Plumbing and Heating Paul Taylor 14743 Hinebaugh Plz Omaha, NE 68116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206	Nonpriority creditor's name and mailing address Paul Taylor 14743 Himebaugh Plaza Omaha, NE 68116 Date or dates debt was incurred <u>1/20/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00

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3.207	Nonpriority creditor's name and mailing address Technopack Corporation 7865 NW 46 St. Miami, FL 33166 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.208	Nonpriority creditor's name and mailing address Techstreet 3916 Ranchero Drive Ann Arbor, MI 48108 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.209	Nonpriority creditor's name and mailing address Amennie Tes 15520 NE 85th Street Vancouver, WA 98682 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,747.20
3.210	Nonpriority creditor's name and mailing address Texas Comptroller of Public Accounts POB 149348 Austin, TX 78714-9348 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.211	Nonpriority creditor's name and mailing address The Dental Box Company, Inc. 9807 Braewick Drive Allison Park, PA 15101 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address The Oregonian POB 9001049 Louisville, KY 40290-1049 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.213	Nonpriority creditor's name and mailing address Thermo Electron North America, LLC POB 742775 Atlanta, GA 30374-2775 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.214	Nonpriority creditor's name and mailing address Thermo Fisher Scientific POB 842339 Dallas, TX 75284-2339 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,066.57
3.215	Nonpriority creditor's name and mailing address Thermo Fisher Scientific POB 712117 Cincinnati, OH 45271-2117 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.216	Nonpriority creditor's name and mailing address ThreeJay Trustee Irrevocable Trust 130 Industrial Blvd. STE 110 Sugarland, TX 77478 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.217	Nonpriority creditor's name and mailing address Tigers Global Logistics 1100 Thorndale Ave. Elk Grove Village, IL 60007 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.218	Nonpriority creditor's name and mailing address TM Electronics, Inc. 45 Main Street Boylston, MA 01505 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.219	Nonpriority creditor's name and mailing address Topside Partners LP 24200 SW Freeway, #402-286 Rosenberg, TX 77471 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,000.00
3.220	Nonpriority creditor's name and mailing address TQM Inc. 3088 Elm Point Industrial Drive St. Charles, MO 63301-4337 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.221	Nonpriority creditor's name and mailing address Trafinger Trustee Irrevocable Trust 130 Industrial Blvd. STE 110 Sugarland, TX 77478 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.222	Nonpriority creditor's name and mailing address TransPak 10675 SW Manhasset Dr. Tualatin, OR 97062 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.223	Nonpriority creditor's name and mailing address Trilane Ltd. Trust Company Complex Ajeltake Rd. Ajeltake Island, Majuro MH96960 MARSHALL ISLANDS Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan/ Interest</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,246.00
3.224	Nonpriority creditor's name and mailing address TriMet M/S 02 POB 4300 Portland, OR 97208-9833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.225	Nonpriority creditor's name and mailing address TriStar Wellness Solutions, Inc. 720 SW Washington STE 200 Portland, OR 97205 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313,704.12
3.226	Nonpriority creditor's name and mailing address TSI Manufacturing LLC 60025 East Ridgeview Drive Bend, OR 97702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Manufacturer.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,245.00
3.227	Nonpriority creditor's name and mailing address U.S. Department of State Office of Authentications 44132 Mercure CIR POB 1206 Sterling, VA 20166-1206 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.228	Nonpriority creditor's name and mailing address ULINE Shipping Supply Spec Attn: Accounts Receivable 2200 S. Lakeside Drive Waukegan, IL 60085 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.98
3.229	Nonpriority creditor's name and mailing address US Dept of Commerce US Commercial Svc American Consulate General Willi-Becker Allee 10, Attn: Ms. Uta Kir D sseldorf 40227 GERMANY Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.230	Nonpriority creditor's name and mailing address VanderHouwen & Assoc. 6342 SW Macadam Ave. Portland, OR 97239 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.231	Nonpriority creditor's name and mailing address Vendor Services Center POB 15270 Irvine, CA 92623 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Terminated UCC filing 89120514.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.232	Nonpriority creditor's name and mailing address Verrill Dana LLP 33 Riverside Ave. Westport, CT 06880 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.233	Nonpriority creditor's name and mailing address Frederick A. Voight c/o Michael W. Stockton One Arts Plaza 1722 Routh St., Suite 1500 Dallas, TX 75201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.234	Nonpriority creditor's name and mailing address Frederick A. Voight 5834 Bridlewood Dr. Richmond, TX 77469 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan/ Interest</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,404.00

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3.235	Nonpriority creditor's name and mailing address VWR (VMI) POB 640169 Pittsburgh, PA 15264-0169 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.236	Nonpriority creditor's name and mailing address VWR Int'l, Inc. 12350 SW Tualatin Rd Tualatin, OR 97062 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.237	Nonpriority creditor's name and mailing address Judy Wadhams 815 North 95th St. Lincoln, NE 68505 Date or dates debt was incurred <u>1/20/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.238	Nonpriority creditor's name and mailing address Patrick Wagner 3737 SW Council Crest Dr. Portland 97239 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.239	Nonpriority creditor's name and mailing address Jana L Wahl 11166 SE 30th Avenue Milwaukie, OR 97222 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,934.36
3.240	Nonpriority creditor's name and mailing address Waste Management of Oregon Washington County POB 78251 Phoenix, AZ 85062-8251 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.241	Nonpriority creditor's name and mailing address Michael Wax 1500 SW 5th Avenue, Unit 1106 Portland, OR 97201 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.00

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3.242	Nonpriority creditor's name and mailing address Webfortis 1966 Tice Valley Blvd., Suite #422 Walnut Creek, CA 94595 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.25
3.243	Nonpriority creditor's name and mailing address Stephanie Wiegman 1460 SW Bertha Blvd, #16 Portland, OR 97219 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,238.21
3.244	Nonpriority creditor's name and mailing address Ervelyn Winata 463 NE Natalie Street Hillsboro, OR 97124 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred bonus.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,680.99
3.245	Nonpriority creditor's name and mailing address Windstream Communications 4001 Rodney Parham Rd. Little Rock, AR 72212 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.246	Nonpriority creditor's name and mailing address Alysha C. Wold 1655 NW Bridgeway Lane Beaverton 97006 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary. Former employee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.247	Nonpriority creditor's name and mailing address Woodruff-Sawyer & Co. POB 7466 San Francisco, CA 94120-9704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.248	Nonpriority creditor's name and mailing address World Cup Coffee & Tea Service, Inc. 1740 NW Glisan Portland, OR 97209 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Precautionary.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Name

Case number (if known) **16-30119-pcm11**

3.249 Nonpriority creditor's name and mailing address
WuXi AppTec, Inc.
1265 Kennestone Circle
Marietta, GA 30066
Date or dates debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$31,741.31**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Release testing on manufacturing.**
Is the claim subject to offset? ☒ No ☐ Yes

3.250 Nonpriority creditor's name and mailing address
Xenium Resources
7401 SW Washo Ct. Suite 200
Tualatin, OR 97062
Date or dates debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$900.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade Creditor**
Is the claim subject to offset? ☒ No ☐ Yes

3.251 Nonpriority creditor's name and mailing address
Xinlong Nonwovens (Beijing) Co., Ltd.
Room 1702, Building 1
Wanda Plaza, No. 93 Jianguo Rd
Chaoyang District, Beijing 100071
CHINA
Date or dates debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Precautionary.**
Is the claim subject to offset? ☒ No ☐ Yes

3.252 Nonpriority creditor's name and mailing address
Yankee Alliance
138 River Road
Andover, MA 01810
Date or dates debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Precautionary.**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 60,598.63
5b.	+ \$ 4,745,383.69
5c.	\$ 4,805,982.32

Fill in this information to identify the case:

Debtor name **HemCon Medical Technologies, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) **16-30119-pcm11**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Employee health benefits services.**

State the term remaining

List the contract number of any government contract

**AFLAC
Attn: Remittance Processing
1932 Wynnton Road
Columbus, GA 31993-0797**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Employee benefit services.**

State the term remaining

List the contract number of any government contract

**Allegiance Benefit Plan Mgmt
POB 4346
Missoula, MT 59806-4346**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Off site document storage services.**

State the term remaining

List the contract number of any government contract

**Archive Systems, Inc.
23070 NE Townsend Way
Portland, OR 97024**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Sales tax management software services.**

State the term remaining

List the contract number of any government contract

**Avalara
435 Eriksen Ave., N.E.
Bainbridge Island, WA 98110**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **License and supply agreement.**

State the term remaining

List the contract number of any government contract

**Bard Access Systems - M.Doc
605 North 5600 West
Salt Lake City, UT 84116**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Quality control release testing services.**

State the term remaining

List the contract number of any government contract

**Biotest Laboratories
9303 West Broadway Ave.
Brooklyn Park, MN 55445**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Lab and storage space services.**

State the term remaining

List the contract number of any government contract

**Business Accelerator
Portland State University
351 NW 12th Ave.
Portland, OR 97209**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **European authorized representative and consulting services.**

State the term remaining

List the contract number of any government contract

**CEpartner4U BV
POB 268
Elk River, MN 55330**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **IT Infrastructure and support services.**

State the term remaining

List the contract number of any government contract

**Covenant Technology Solutions, Inc.
15 SE 82nd Drive Suite 120
Gladstone, OR 97027**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Enterprise Resource Planning software implementation services.**

State the term remaining

List the contract number of

**eSoftware Professionals
10450 SW Nimbus, Suite B
Portland, OR 97223**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract _____

- 2.1 State what the contract or
1. lease is for and the nature
of the debtor's interest

**Sales support and
consultancy services.**

State the term remaining

List the contract number of
any government contract _____

**Essential Healthcare Management
Attn: Stan Schroeder, Managing Partner
216 Yorkshire Drive
Heath, TX 75032**

- 2.1 State what the contract or
2. lease is for and the nature
of the debtor's interest

**Document control
software.**

State the term remaining

List the contract number of
any government contract _____

**Gael Limited
Orion House
S.E. Technology Park
East Kilbride G75 0RD
SCOTLAND**

- 2.1 State what the contract or
3. lease is for and the nature
of the debtor's interest

**Lease at 720 SW
Washington Street.
Debtor is tenant.**

State the term remaining

List the contract number of
any government contract _____

**GPO Morgan LLC
Urban Renaissance Prop Co
720 SW Washington St, Suite 630
Portland, OR 97205**

- 2.1 State what the contract or
4. lease is for and the nature
of the debtor's interest

**Chitosan Technology
license agreement.**

State the term remaining

List the contract number of
any government contract _____

**Dr. Kenton Gregory
9155 SW Barnes Road
Suite 240
Portland, OR 97225**

- 2.1 State what the contract or
5. lease is for and the nature
of the debtor's interest

**Manufacturing
contrator.**

State the term remaining

List the contract number of
any government contract _____

**hi-tech Products
8530 Roland St.
Buena Park, CA 90621**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **China Agent Commission**

State the term remaining

List the contract number of any government contract _____

**Hua Xie
5929 NW Skycrest Pkwy
Portland, OR 97229**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Manufacturing**

State the term remaining

List the contract number of any government contract _____

**Innovize
500 Oak Grove Parkway
St. Paul, MN 55127**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Calibration of QC release equipment**

State the term remaining

List the contract number of any government contract _____

**Instron Corporation
75 Remittance Drive, Ste. 6826
Chicago, IL 60675-6826**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Broadband**

State the term remaining

List the contract number of any government contract _____

**Integra Telecom, Inc.
POB 2966
Milwaukee, WI 53201-2966**

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Insurance premium financing agreement.**

State the term remaining

List the contract number of any government contract _____

**IPFS (Imperial Credit Corp)
POB 100391
Pasadena, CA 91189-0391**

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Disability insurance**

State the term remaining

List the contract number of _____

**LifeMap/Regence Life and Health
POB 1271
MS E3A
Portland, OR 97207-1271**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract _____

- 2.2 State what the contract or
2. lease is for and the nature
of the debtor's interest

Group purchasing agreement.

State the term remaining

List the contract number of
any government contract _____

**MedAssets, Inc
POB 741361
Atlanta, GA 30374-7413**

- 2.2 State what the contract or
3. lease is for and the nature
of the debtor's interest

Sales and distribution

State the term remaining

List the contract number of
any government contract _____

**Medline Industries, Inc.
9101 Riverside Pkwy
Lithia Springs, GA 30122-3869**

- 2.2 State what the contract or
4. lease is for and the nature
of the debtor's interest

Sales and distribution

State the term remaining

List the contract number of
any government contract _____

**Medline Sp.
Fabryczna 17
65-410 Zielona G ra
POLAND**

- 2.2 State what the contract or
5. lease is for and the nature
of the debtor's interest

Dental insurance-employees

State the term remaining

List the contract number of
any government contract _____

**MetLife Local Market
POB 804466
Kansas, MO 64180-4466**

- 2.2 State what the contract or
6. lease is for and the nature
of the debtor's interest

Medical Advisor

State the term remaining

List the contract number of
any government contract _____

**Michel A. Boileau
75 Bond Street
Bend, OR 97702**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Notified body for CE mark**

State the term remaining

List the contract number of any government contract

**NSAI Inc.
Nat'l Standards Auth. of Ireland
Finance & Administration
20 Trafalgar Square Suite 603
Nashua, NH 03063**

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Grant with OHSU regenerative medicine**

State the term remaining

List the contract number of any government contract

**OHSU Proposal & Award
Mailcode L106OPAM
0690 SW Bancroft Street
Portland, OR 97239**

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **IT Infrastructure and support**

State the term remaining

List the contract number of any government contract

**Online Business Systems
400 S.W. 6th Ave., Suite 500
Portland, OR 97204**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Rental of laboratories at NW Gynecology Center (Peterkort office). Debtor is tenant.**

State the term remaining

List the contract number of any government contract

**Oregon Health & Science Univ
Mail Code L002
3181 SW Sam Jackson Park Rd.
Portland, OR 97239-3098**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Telephone services.**

State the term remaining

List the contract number of any government contract

**PAETEC, a Windstream Company
POB 9001013
Louisville, KY 40290-1013**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Commission / Agent for Japan.**

State the term remaining

**Perrin Pacific Corp
2363 NW Flanders St.
Portland, OR 97210**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

- 2.3 State what the contract or
3. lease is for and the nature of the debtor's interest

Group purchasing agreement.

State the term remaining

List the contract number of any government contract _____

**Premier Purchasing Partners, LP
BOX 847650
Los Angeles, CA 90084-7650**

- 2.3 State what the contract or
4. lease is for and the nature of the debtor's interest

Distribution services.

State the term remaining

List the contract number of any government contract _____

**Prometheus Medical Ltd.
The Old Rectory
Hope Under Dinmore
Hereford, Herefordshire HR6 0PW
UNITED KINGDOM**

- 2.3 State what the contract or
5. lease is for and the nature of the debtor's interest

Production Agreement.

State the term remaining

List the contract number of any government contract _____

**Prometheus Medical Ltd.
The Old Rectory
Hope Under Dinmore
Hereford, Herefordshire HR6 0PW
UNITED KINGDOM**

- 2.3 State what the contract or
6. lease is for and the nature of the debtor's interest

Sub-license Agreement.

State the term remaining

List the contract number of any government contract _____

**Prometheus Medical Ltd.
The Old Rectory
Hope Under Dinmore
Hereford, Herefordshire HR6 0PW
UNITED KINGDOM**

- 2.3 State what the contract or
7. lease is for and the nature of the debtor's interest

Chitosan Technology license agreement.

State the term remaining

List the contract number of any government contract _____

**Providence Health Sys - Oregon
Misc. Cash - Research
Attn: Sue Rich / Joan Fegel
POB 13993
Portland, OR 97213**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Product manufacturing services.**

State the term remaining

List the contract number of any government contract

**Quality Bioresources, Inc.
1015 North Austin Street
Seguin, TX 78155**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Employee health benefits services.**

State the term remaining

List the contract number of any government contract

**Regence BlueCross Blue Shield
200 SW Market St.
Portland, OR 97201**

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Distribution services.**

State the term remaining

List the contract number of any government contract

**Rene Smit International bv
Parkweg 17a
2585 JH Den Haag
NETHERLANDS**

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Storage unit rental.**

State the term remaining

List the contract number of any government contract

**Rose City Moving & Storage
5130 N. Basin
Portland, OR 97217**

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Workers compensation insurance services.**

State the term remaining

List the contract number of any government contract

**SAIF Corporation
400 High St SE
Salem, OR 97312-1000**

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement.**

State the term remaining

List the contract number of

**Stuart Sands
2165 NW Everett Steet
Portland, OR 97210**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract _____

2.4 State what the contract or
4. lease is for and the nature
of the debtor's interest

Sales and distribution

State the term remaining

List the contract number of
any government contract _____

**Solaris Electro Medical
G22/A-1 Park Lane KDA Scheme #5
Karachi
Lahore
PAKISTAN**

2.4 State what the contract or
5. lease is for and the nature
of the debtor's interest

401k services.

State the term remaining

List the contract number of
any government contract _____

**Standard Life 401K
Attn: Accounts Receivable
POB 1800
Portland, OR 97207**

2.4 State what the contract or
6. lease is for and the nature
of the debtor's interest

**Sterilization of
Products**

State the term remaining

List the contract number of
any government contract _____

**STERIS Isomedix
2500 Commerce Drive
Libertyville, IL 60048**

2.4 State what the contract or
7. lease is for and the nature
of the debtor's interest

**Sterilization of
Products**

State the term remaining

List the contract number of
any government contract _____

**STERIS Isomedix
7828 North Nagel Ave.
Morton Grove, IL 60053**

2.4 State what the contract or
8. lease is for and the nature
of the debtor's interest

**Third party logistics
services.**

State the term remaining

List the contract number of
any government contract _____

**Tigers Global Logistics
1100 Thorndale Ave.
Elk Grove Village, IL 60007**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Manufacturer.**

State the term remaining

List the contract number of any government contract

**TSI Manufacturing LLC
60025 East Ridgeview Drive
Bend, OR 97702**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Release testing on manufacturing.**

State the term remaining

List the contract number of any government contract

**WuXi AppTec, Inc.
1265 Kennestone Circle
Marietta, GA 30066**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Group purchasing agreement.**

State the term remaining

List the contract number of any government contract

**Yankee Alliance
138 River Road
Andover, MA 01810**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Sales and distribution**

State the term remaining

List the contract number of any government contract

**Zeria Pharmaceutical Co., Ltd.
Zeria Pharmaceutical Co., Ltd.
10-11, Nihonbashi Kobunacho
Choku, Tokyo 103-8351
JAPAN**

Fill in this information to identify the case:Debtor name HemCon Medical Technologies, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGONCase number (if known) 16-30119-pcm11☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 TriStar Wellness Solutions, Inc. 720 SW Washington Ste 200 Portland, OR 97205

Larry L. Alloway

☐ D _____
☒ E/F 3.9
☐ G _____

2.2 TriStar Wellness Solutions, Inc. 720 SW Washington Ste 200 Portland, OR 97205

James Barickman

☐ D _____
☒ E/F 3.24
☐ G _____

2.3 TriStar Wellness Solutions, Inc. 720 SW Washington Ste 200 Portland, OR 97205

DayStar Funding LP

☐ D _____
☒ E/F 3.53
☐ G _____

2.4 TriStar Wellness Solutions, Inc. 720 SW Washington Ste 200 Portland, OR 97205

Grace Christian Ministries, Inc

☐ D _____
☒ E/F 3.83
☐ G _____

Debtor **HemCon Medical Technologies, Inc.**

Case number (if known) **16-30119-pcm11**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	John Linderman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.120 <input type="checkbox"/> G _____
2.6	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Alexander Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.163 <input type="checkbox"/> G _____
2.7	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Jared Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.164 <input type="checkbox"/> G _____
2.8	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Sussex Associates, LP	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Paul Taylor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.206 <input type="checkbox"/> G _____
2.10	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Topside Partners LP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.219 <input type="checkbox"/> G _____
2.11	TriStar Wellness Solutions, Inc.	720 SW Washington Ste 200 Portland, OR 97205	Judy Wadhams	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.237 <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name HemCon Medical Technologies, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) 16-30119-pcm11

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 29, 2016

X /s/ Michael Wax

Signature of individual signing on behalf of debtor

Michael Wax

Printed name

President & CEO

Position or relationship to debtor